



**MEDICAID TRANSFER OF PROPERTY DECISION**

To: Social Security Administration District Office

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The following SSI recipient(s) has been determined to be ineligible for Medicaid coverage of institutional services because of the transfer of property provisions. The period of ineligibility is indicated below.

Name:	SSN:	Period of Ineligibility	
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KDHE Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

KDHE Office Address: \_\_\_\_\_

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